



**University Hospitals**  
Bedford Medical Center  
*A Campus of UH Regional Hospitals*

## CREDIT CARD PAYMENTS

Amount: \$ \_\_\_\_\_ Date of Service: \_\_\_\_\_

VISA \_\_\_\_\_ M/C \_\_\_\_\_ Discover \_\_\_\_\_ AE \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_